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FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 1 - Attendance

Didactic Attendance

Class attendance is mandatory and students are expected to attend classes regularly. Each student is responsible for the satisfactory completion of course work assigned by the student's instructors. Regular attendance and active participation in classes are not only part of essential education, but will be a factor in the grading process.

Students shall communicate reasons for absences <u>directly to the instructor</u>. If it is possible, this communication should occur prior to the absence. Specific didactic attendance policies including grade penalties will be detailed in course syllabi. Excessive absences will result in removal from the program. The student will be informed of the course of action in writing.

Attendance will be excused for the death of a close relative, or a religious holiday. See specific course syllabi for professor's attendance policies.

• The Radiology Program offers a curriculum based on "two full years of full-time study", with an "adequate number of didactic and clinical experience hours to assure student competency achievement" (compliance with NYS).

Clinical Attendance

The Radiologic Technology Program at Fulton-Montgomery Community College may be requested by the American Registry of Radiologic Technology (ARRT) or New York State (NYS) to supply documented evidence of each student's clinical and didactical attendance. Therefore, it is the responsibility of the student to attend all classes as scheduled in order to become eligible for the ARRT examination and New York State Licensure.

See clinical scheduling in the appendix for clinical hours.

Students are expected to be at their clinical sites, <u>on time</u> for each scheduled clinical day. If a student is unable to attend clinical because of illness or any other unavoidable reason, the student MUST adhere to the following call-out procedure:

- 1. Communicate with Mr. Bailey (Clinical Coordinator) to be excused from the clinical site.
- 2. Notify the Clinical Preceptor (Clinical Adjunct Faculty) to inform them of their absence.
- 3. Contact the clinical site to inform them of their absence.
- 4. Complete a Time Exception through Trajecsys to document absence.

Failure to notify Mr. Bailey, the Clinical Preceptor, and the clinical site by at least one hour prior to the scheduled attendance will result in two missed bank days. These days must be made up to pass the clinical course in which they are accrued.

- <u>Bank Days:</u> Excused days beyond bank days are at the sole discretion of faculty. <u>One clinical days of bank time is available for RAD 120 Clinical Experience I. Two clinical days of bank time are available for the other Clinical Experience courses (RAD 121, RAD 122, RAD 220, RAD 221). Bank days are clinical days that students are not required to make up.
 </u>
- <u>Students should not attend clinical if they have a fever, or a current documented illness by a</u> <u>medical provider.</u>
- **Half Bank Day:** Students are allowed one half bank day (4 hours) to allow for students to make appointments that may be required of them during the program. Students are to follow the call-out procedure above to use a half bank day.
- All other absences will be measured in whole days only.
- Any absence over two days per semester must be an unavoidable absence and must be <u>approved by</u> <u>the program director and/or clinical coordinator</u>. For example, unavoidable illness, family emergency etc. see below under extended absence.
- Approved absences over 2 clinical days must be made up <u>before the end of the semester</u>. Make-up days can only be utilized during school exam periods, if the student does not have any exams. Arrangements for make-up days are to be made with the Clinical Preceptor and the FMCC Clinical Coordinator. If there are any days not made up by the end of the semester, the student will receive a "U" for the final grade for the Clinical Experience course. This will mean termination from the program.
- **Bereavement time:** Attendance will be excused for the death of a close relative. Students may use up to five (5) days of bereavement time as needed.

Bank Day Summary:

Students are allowed 1.5 bank days for RAD 120 Clinical Experience I and 2.5 bank days for Clinical Experience courses RAD 121, RAD 122, RAD 220, and RAD 221.

Procedure for Recording Student Attendance at the Clinical Affiliate Hospital

- The daily time record, including unsatisfactory tardiness, shall be recorded in Trajecsys digitally
 on a designated computer at the clinical site within the Imaging department. <u>Students may not
 use their cellular device to clock in or clock out as this may result in failure for the
 Trajecsys Geo-location feature to be activated correctly. Failure to appropriately clock in or
 out will result in the student having to file a time exception within Trajecsys. *After 5 Time
 Exceptions, students will be counseled by the Clinical Coordinator. After the 6th recorded time
 exception, the student will receive a written Unacceptable Practice Act (UPA).
 </u>
- 2. Students are expected to inform the clinical site if they are going to be late. Students will be considered late or leaving early within 5 minutes of scheduled arrival time. After 3 late or early occurrences in a semester, students will make up one full bank day. On the 6th occurrence, students will make up another bank day and receive a UPA.
- **3.** Failure to follow any of this policy will result in a UPA and the requirement of additional clinical make up time.
- 4. Excessive absenteeism shall be discussed with the student informing the student that the continued attendance/punctuality pattern will be reflected in the Clinical Experience grade.
- 5. The student's excessive absences may cause recommendation for withdrawal.

Absence Due to Religious Beliefs

The Radiologic Technology Program will concur with the Educational Law, Section 224-A, which is in the Fulton-Montgomery Community College catalog.

Snow Day Policy

FMCC Weather Related Delay or Closure: When FMCC is delayed or closed due to inclement weather, off-campus clinical experience at affiliating hospitals is also delayed or canceled. The student is not required to make up time for weather related delays or closures. If the student is at the clinical site when school closure is announced, it is up to the discretion of the student to leave the hospital. If the student decides to stay, students are allowed to perform clinical duties until it is safe for them to leave the clinical site. Students will be given instructions to sign up for the SUNY-NY alert system.

Local/City School District Weather Related Delay or Closure: When the local school district of the clinical affiliate is delayed or closed due to inclement weather, off-campus clinical experience at affiliating hospitals is also delayed or canceled. If the student is at the clinical site when school closure is announced, it is up to the discretion of the student to leave the hospital. If the student decides to stay, students are allowed to perform clinical duties until it is safe for them to leave the clinical site. Follow the grid below for clinical affiliates and their local school district:

<u>Clinical Site</u>	Local/City School District (CSD)
St. Mary's Hospital/Rao Outpatient Pavilion	Amsterdam CSD
Nathan Littauer Hospital	Gloversville CSD
Saratoga Hospital/Wilton/Malta	Saratoga Springs CSD
Ellis Hospital/Mohawk Harbor	Schenectady CSD
Medical Center of Clifton Park	Shenendahowa CSD
Cooperstown Hospital	Cooperstown CSD

Cobleskill Regional Hospital	Cobleskill-Richmondville CSD
Little Falls Hospital	Little Falls CSD
Albany Medical Center/St. Peter's Hospital	Albany CSD
Columbia Memorial Hospital	Hudson CSD
Glens Falls Hospital	Glens Falls CSD

Local School District Delay/Closure Postings: Please listen to radio or television stations for school closing announcements. The message on the college's automated telephone system and College Website <u>www.fmcc.edu</u> will also announce the closing.

Attendance is to be recorded for each clinical day including snow days and bank days, in the student's time records in Trajecsys.

Vacations

All students will have the customary college holidays. Students will be provided a schedule of clinical semesters. The FMCC Academic calendar is also available for viewing on the FMCC College Website. Students are advised not to schedule vacations until they have reviewed the program calendar.

It is not recommended students take vacations during scheduled class or clinical time. Students choosing to take vacation will not be able to make up exams or quizzes earning the grade of zero, will be charged attendance penalty as stated in class syllabus, and will make up all clinical time missed in the allowed semester schedule. If the clinical time may not be made up during the semester, the student will receive a grade of Incomplete (I) until the time can be made up at the program faculty discretion. Incomplete clinical grades can result in an unsatisfactory clinical grade which will remove the student from the program.

Extended Absence

The Clinical Coordinator and faculty shall evaluate an extended absence from the clinical studies for health reasons, such as emergency surgery, serious illness/accident or sudden hospitalization. These circumstances will be evaluated by program faculty on a case by case basis. If possible, a clinical plan will be developed to keep the student on track for clinical competency.

Absent clinical hours shall be recorded. Written physician's orders with the approved (safe) date of return to classes shall be required. If an extended absence causes the inability of the student to complete clinical competency requirements, the student will be advised to withdraw from the course.

<u>Appeal for Review of Didactic or Clinical Grades:</u> Reference the SUNY FMCC Student Handbook, "The Source Student Handbook" below.

Initially students must speak with their instructor, then the program director.

If dissatisfied with the result, they may schedule an appointment to speak with the Dean of Academic Affairs after they have met with the instructor and the program director. The process may continue at this point as an appeal of academic regulations, see "The Source Student Handbook."

The Source Student Handbook:

https://fmcc.edu/images/pages/student-experience/The%20Source%20-%20Student%20Handbook.pdf

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #2 – Reporting Violations and Convictions

Reporting Violations and Convictions to New York State Department of Health/Bureau of Environmental Radiation Protection (NYS/DOH BERP) and Conducting an Ethics Review Preapplication through the ARRT

State of New York (NYS)

The State of New York disqualification rule requires that Radiologic Technology students who have been convicted of a crime/violation of the law (except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent) or are defendants in criminal proceedings should contact NYS in writing to: New York State Department of Health

Bureau of Environmental Radiation Protection Empire State Plaza-Corning Tower, Room 1201 Albany, NY 12237 518-402-7580 518-402-7575 (FAX) berp@health.ny.gov

For specifics, see the attached appendix Article 35 and Part 89 publications from NYS/ DOH.

American Registry of Radiologic Technologists (ARRT)

An individual who has been involved in a criminal proceeding or who has been charged with or convicted of a crime is strongly advised to file a pre-application with the ARRT in order to obtain a ruling on the impact of the situation on their eligibility for certification and registration. A charge or conviction of, a plea of guilty to, or a plea of nolo contendere (no contest) to an offense, which is classified as a misdemeanor or felony, constitutes a conviction for ARRT purposes. This includes situations in which the result is deferred or withheld adjudication, or suspended or withheld sentence.

With this option, you'll submit information and documentation regarding your potential ethics violation before you apply for certification and registration. The ARRT Ethics Committee will review your submission and determine if it warrants a sanction. If you receive a sanction, you might be ineligible to apply for certification and registration for a set period of time.

If you have fewer than six months until graduation, the ethics review pre-application isn't an option. You'll have to wait and report any potential ethics violations on your application for certification and registration. (You may submit your application up to three months before you complete your educational program.)

A Pre-application Review of Eligibility may be obtained at <u>www.arrt.org</u> or by mail to: The American Registry of Radiologic Technologists 1255 Northland Drive St. Paul, MN 55120-1155 (612) 687-0048

Declaration of Understanding:

I have been informed and I realize that I am responsible for writing to New York State and the ARRT for the purpose of attaining a ruling on eligibility for licensure and certification in the radiologic sciences.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #3 – Grading

Didactic Grading

A minimum grade of "C" or better must be obtained for all Radiology specific courses, including Anatomy and Physiology I and II.

Exam/quiz grades are converted to letter grades as follows:

- A 92.5 or above
- A- 89.5-92.4
- B+ 86.5-89.4
- B 82.5-86.4
- B- 79.5-82.4
- C+ 76.5-79.4
- C 74.5-76.4
- D 64.5-74.4
- F 64.4

Please note in order to meet the education requirement for a primary pathway through the ARRT such as radiography, students must earn or have earned an Associate's Degree or higher.

Students not meeting this requirement will not be eligible for the registry exam. For example; students who do not possess an Associate's degree and fail a required English course will need to complete all required coursework successfully for graduation completion before taking their ARRT Radiography Registry exam and thus earning their temporary license to practice and become employed.

Clinical Grading

<u>Clinical Experience Grade</u>

A grade of "S" Satisfactory for all Clinical Experience Courses is required in order to graduate and remain in the program. Clinical Experience syllabi will be distributed at the beginning of each semester. Reference separate Clinical Experience syllabi for further details and grading criteria.

RAD120, 121, 122, 220, 221

Each instructor is encouraged to keep anecdotal records on every student as needed.

All Mandatory and Elective Competency Assessments **Must receive a score of 85%**, otherwise, Failed Competency-Corrective Measures paperwork must be initiated, see appendices.

Automatic Fail Criteria for Competency Assessment as follows:

- 1. Wrong patient or failure to properly identify patient according to site protocol
- 2. Wrong part
- 3. Wrong side
- 4. No lead marker visible on 2 or more images. (If able to open collimation mask or window/level to detect marker, the marker is acceptable)
- 5. Failure to question patient regarding pregnancy status prior to exposure (per clinical site policy)

Final Competencies must receive a grade of 85% to be considered passing, with a repeat rate of less than 15%.

Semester clinical grades will continue as S/U under the following progressive scale:

RAD 120	74.5 = S
RAD 121	77.0 = S
RAD 122	79.5 = S
RAD 220	82.0 = S
RAD 221	85.0 = S

Midterm/Final Grade Worksheets (see appendix)

Students must complete the following number of competency evaluations per clinical semester: *This is subject to change based on site work flow at the discretion of the Clinical Coordinator.*

- A minimum of **3** competency tests must be completed in RAD 120
- **18** competency tests must be completed in RAD 121
- **36** competency tests must be completed in RAD 122
- 48 competency tests must be completed in RAD 220.
- **52** competency tests must be completed **by MIDTERM** in RAD 221 to allow for proper scheduling of Exit Days.

This schedule will ensure that students will complete the mandatory 37 and 15 elective competency tests required for graduation. If students do not achieve the prerequisite number of competency tests, they will earn an Incomplete (I) and be required to complete extra clinical time until the number of competencies is achieved. If competency tests are not completed by the next clinical experience course schedule start date, students will be given an Unsatisfactory (U) and dismissed from the program.

A grade of Unsatisfactory in any clinical course will mean dismissal from the program.

Clinical Probation:

Clinical probation is different from an Unacceptable Practice Act (UPA- see appendix) in that a clinical probation contract requires remediation to remain in the clinical course successfully and subsequently in the program. <u>A clinical probation contract</u> may not necessarily result in a deduction of a student's clinical grade whereas a UPA is an unacceptable occurrence resulting in the consequence of a grade point deduction.

Students may be placed on clinical probation for the following reasons or patterns of behavior that prohibit clinical progress but not limited to:

Lack of clinical progression (example; inability or difficulty manipulating radiographic equipment by the end of RAD 120)

Repeated or significant clinical safety concerns (including failed competency criteria)

Failure to create appropriate clinical incident report as required by clinical site

Failing clinical evaluations (all types)

Repeated negative feedback provided by clinical staff or program faculty

Inability to report incidents or concerns in a timely fashion

Violation of any program policy

Violation of any ARRT rules of ethics or accepted practice standards (see appendix)

Students who have acted in a manner to disregard expected professionalism, program policies, or clinical site expectations

Disregard for fitness for duty policy #21 or health requirements

Clinical Probation is a written clinical contract (see appendix) between the student and the program. This contract will contain an explanation of program concerns, actions, and requirements to demonstrate satisfactory clinical progress. Additional clinical evaluations will be determined by program faculty.

Students placed on clinical probation will be given a clinical probation contract in writing during a meeting with program faculty. Program faculty will be designated to monitor student progress. The conditions of the clinical probation contract must be met satisfactorily for the student to progress to the next clinical semester within the appropriate time constraints as defined by the college for a given semester.

Failure to comply with the clinical probation contract will result in a grade of "U" or unsatisfactory for the clinical semester and will mean dismissal from the program.

Students will not be allowed more than one probationary clinical contract per semester. Students requiring a second probationary clinical contract in the same semester will be dismissed from the program.

If a student feels they were treated unfairly by program faculty and exhausted the program complaint process, they may request a meeting with the Acting Dean of Academic Affairs, Patrick Grande and pursue the appeal for the review of grades as outlined in *The Source*.

The Source Student Handbook:

https://fmcc.edu/images/pages/student-experience/The%20Source%20-%20Student%20Handbook.pdf

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #4 – Clinical Dress Code

Dress Code Compliance

- Compliance with the dress code is expected. Failure to comply will result in loss of grade point and/or student being sent home from clinical site (loss of bank day). This bank day will need to be made up. In addition, the student will receive an unacceptable practice act.
- <u>Uniforms:</u> Navy blue uniform scrub top, neat, having a professional look. Navy blue pants with an appropriate length. No color stitching, belts, or emblems. No midriff styles. No neck ties allowed. No T-shirt style tops. Navy blue only, white colored long sleeve or short sleeve T-shirts are allowed under uniforms. <u>No colored or printed T-shirts under the uniform</u>. No sweatshirts, hoodies, or fleece jackets over uniform allowed.

Undergarments should not be visible under uniform apparel. Students will be sent home if undergarments show through their uniform.

Each clinical day students should be in their uniform apparel with their FMCC issued name tag, dosimeter, and FMCC patch visible with the below requirements met including anything their specific clinical site may require.

- **Shoes:** White, black, gray or combination is acceptable. Shoes must be clean, having sufficient support and comfort. Shoes with open holes or back-less are not allowed per hospital policy.
- **Jewelry:** Jewelry may be hazardous; it should not be worn. Engagement and/or wedding bands are acceptable. Earrings should be post only. NO visible body or facial piercing will be allowed at the clinical experience hospital. Piercings that are unable to be removed should be skin-colored.
- Hair:Should be neat and clean. Hair length extending past the shoulders must be
tied back. Extravagant barrettes or ties are non-professional and not allowed.

Facial Hair: Must be neat and trimmed.

Hairpieces: If essential, should be short, plain, neat and compatible to your own hair.

Make-up: Should be conservative and appropriate for the clinical environment.

Perfume/Cologne/Body Sprays/ Laundry Detergents/ All Artificial Scents/ Cigarettes:

Patients can be sensitive to strong fragrances and odors including body odor. Students should make every effort to keep fragrances/ scents to a minimum. Students are expected to control body odor including re-applying deodorant as needed throughout the clinical day.

Nails:No artificial nails, gel nails, ANC nails, or chipped nail polish. This is against clinical site's
infection control policies. Failure to comply will result in a UPA and possible disciplinary
measures by the clinical site.

- Name tags: New York State Department of Health regulations require that the college ID must display Student Radiographer underneath the student's name. FMCC will create and distribute these name tags in public safety.
- **<u>FM Patch:</u>** Patches available through the FMCC bookstore. Patches should be washed alone first so that color does not run onto the uniform. **<u>Patches should be sewn on scrub top on the left</u> <u>upper arm.</u>**
- Accessory: Watch, pen, pocket note book and lead markers L and R with initials. I-Watches may be worn but need to have notifications turned off during the clinical day as these notifications are distracting and may disrupt proper patient care.
- **Smoking/Vaping:** Smoking or vaping is limited to break time or lunch and restricted to the student's vehicle. Students may not return to class or clinical smelling of cigarette smoke and may receive a UPA for this.
- **Tattoos:** Students will follow clinical site protocol regarding visibility of tattoos.
- **<u>Gum Chewing:</u>** Limited to break, or lunch.

In addition, FMCC Radiologic Technology students will be subject to any uniform requirements their specific clinical site enforces.

Uniforms are not to be worn on the FMCC campus to maintain best infection control practices.

FULTON-MONTGERMY COMMUNITY COLLEGE Radiologic Technology Program Policy #5 - Students Participating in Mobile and Operating Room Procedures

A licensed radiographer will <u>directly</u> supervise all students assigned to the operating room rotations or mobile radiography rotations, including mobile fluoroscopy, regardless of competency. The complexity of these machines and environment require the knowledge and expertise of a licensed radiographer directly available for the safety of the student, patient, and immediate needs of practitioners.

Supervising radiographers may not be in the department available by phone while the students are performing operating room, mobile radiographic, or mobile fluoroscopic exams even if, for example, the Emergency Department (ED/ER) is on the same floor. The complexity and variable nature of these radiographic and/or fluoroscopic examinations requires the knowledge and expertise of a licensed radiographer physically present in the room when needed by the student for the safety and best outcome for the patient.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #6 - Reporting Communicable Diseases by Students

It is the student's responsibility to report 1) exposure to or 2) contraction of a communicable disease to the Radiologic Technology Program Director. Reporting to the Director enables confidentiality to be maintained. Information would not be released unless there is a safety factor involved and if there is a reason to restrict the student from the clinical area.

If a student must be out from the clinical area, they will need a written note from their physician. When the student is able return to the clinical area, they must have a note or prescription to return from their doctor.

Any student with the following infectious process, must contact the clinical coordinator prior to attending clinical education:

Students with the below symptoms are expected to seek appropriate medical attention and if necessary obtain a provider note for return to clinical.

- Fever of 101 or greater
- Conjunctivitis (pink eye)
- Sore throat associated with fever of 101 or swollen lymph nodes
- Diagnosed strep throat
- Flu like symptoms (respiratory)
- Scabies
- Lice
- Productive cough with fever or congestion in lungs
- Herpes labialis (cold sores)
- GI flu (diarrhea, nausea, and vomiting)
- Draining of open sores, boils, and burns

ISOLATION PROCEDURE POLICY

Students will be fit tested annually for an N-95 respirator mask to be properly equipped to handle patients with active TB or suspected infectious diseases requiring a N-95 respirator. (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

Any problems or conflicts with this policy are to be brought to the Clinical Coordinator, and Program Director.

EXCLUSION FROM PATIENT CARE POLICY

A student may ask to be excused from providing a specific aspect of a patient's care or treatment when the prescribed care or treatment conflicts with the student's values, ethics or religious beliefs. However students must still be able to achieve all mandatory and elective competencies.

The letter of request, detailing the rationale for exclusion, is to be submitted in advance of clinical attendance to the Clinical Coordinator and the Program Director with a copy to the Associated Dean.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #7 - Insurance Requirements

FMCC is required by the clinical sites to be provide certificates indicating current liability coverage. Certificate of this coverage will be updated annually and provided to the clinical site.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 8 - Student Employment in a Radiology Department

According to Part 89 and Article 35 of the NYS DOH Public Health Law; student technologists could be hired to perform duties such as processing x-ray image receptors, assisting patients into proper attire and onto the x-ray table, or similar duties usually performed by an aide. Students may practice Radiologic Technology only if they are enrolled and attending an approved school of Radiologic Technology.

This indicates that when classes are not in session, student technologists may not measure and position patients, adjust x-ray equipment, or make x- ray exposures, regardless of whether someone else closely supervises them or actually makes the exposure.

While employed as an aide or assistant by a hospital, **all** student identification shall <u>not</u> be worn including student uniforms, name tags and/or FMCC dosimeter or shoulder patch.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #9 – Clinical and Classroom Student Conduct, Civility, and Academic Integrity Policy

ARRT Code of Ethics Rules of Ethics (see appendix)

The Radiology Department recognizes the most recent Fulton-Montgomery Community College Student Handbook, <u>THE SOURCE</u>, as the source for College Policies and Regulations. Please refer to the student Conduct and Academic Integrity Policy.

In addition; PROFESSIONALISM IN THE CLASSROOM AND CLINICAL SETTING

A professional is expected to show maturity, courtesy and restraint. Professional education in Radiologic Technology begins in the classroom and carries into the clinical setting. Therefore, appropriate, professional attitudes are expected in the classroom and clinical setting at all times.

When addressing college faculty and classmates, it will be expected to be done in a respectful manner. One should not speak until recognized by the instructor or facilitator. Classmates are to be considered your colleagues.

Confrontation, at any level, is inappropriate. **If you have an issue that took place during class, you should wait until after class to discuss it with the instructor**.

Tardiness is disruptive to the flow of the learning process and should be avoided (see attendance policy and course specific syllabi).

FMCC Civility Statement

FMCC is committed to fostering an environment of civility. All members of the FMCC community and visitors have the right to experience and the responsibility to create and maintain an environment of mutual respect and support that is civil in all aspects of human relations. Civility facilitates professional growth and achievement and promotes an environment where each person can reach his or her full potential.

Civility: Civility can be defined as, "conduct characterized by respect, consideration, kindness and courtesy toward others." Any successful learning experience requires mutual respect on the part of the student and the instructor. Neither instructor nor student should be subject to others' behavior or comments that are rude, disruptive, intimidating, or demeaning. This class and the associated web environment should be view as a civilized forum where each person - student and instructor - should feel free to express their opinions, ask questions, and learn without fear of criticism or intimidation. As the instructor for this course, I am committed to maintaining civility in the classroom - both traditional, online, and clinically - and will do my part in making sure everyone in the course is treated with respect and courtesy. Students in the Radiologic Technology program are expected to uphold the requirements enforced by HIPAA and patient confidentiality both in the classroom and at the clinical site.

Students will strictly adhere to the behavior expectations of their assigned clinical sites and in the classroom. If a clinical site <u>requests a student be removed from their site due to unprofessionalism, the student may be removed from the Radiologic Technology program at discretion of the program faculty and program director.</u>

The American Registry of Radiologic Technologists Code of Ethics

This code shall serve as a guide by which Radiologic Technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the medical care team, health care consumers, and employers. The Code is intended to assist radiologic technologists in maintaining a high level of ethical conduct.

- 1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
- **2.** The Radiologic Technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- **3.** The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes of the nature of the disease or illness and without discrimination regardless of sex, race, creed, religion, or socioeconomic status.
- **4.** The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purposes for which they have been designed and employs procedures and techniques appropriately.
- **5.** The Radiologic Technologist assesses situation, exercises care, discretion and judgment, assumes responsibility for professional decisions and acts in the best interest of the patient.
- **6.** The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
- 7. The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in limiting the radiation exposure to the patient, self, and other members of the health care team.
- **8.** The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- **9.** The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
- **10.** The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice. One means available to improve knowledge and skill is through professional continuing education.

Any **<u>violation</u>** of the expected behavior could result in the following or combination of the following:

- Clinical Probation Contact
- being turned into the ARRT prior to radiography registry examination for an ethics violation
- an unacceptable practice act
- removal from the FMCC Radiologic Technology Program

As an allied health professional you will be expected to conduct yourself appropriately. Our program ethics adhere to the American Registry of Radiologic Technologists (ARRT) Code and Rules of Ethics.

Academic Integrity Policy & FMCC Student Code of Conduct

To reference SUNY FMCC's Academic Integrity Policy and Student Code of Conduct, please reference FMCC's Student Handbook, *The Source* at the link provided below. The Academic Integrity Policy is located under Appendix F and the Student Code of Conduct is located under Appendix C.

https://fmcc.edu/images/pages/student-experience/The%20Source%20-%20Student%20Handbook.pdf

Consequences at the course level will be at the discretion of the instructor and may include but are not limited to verbal, written warning to a grade of "F" or zero for the course. See page 53 for complete list.

• Classroom behavior demonstrating lack of civility and in violation of the student code of conduct:

Disciplinary action may be taken against students for the following violations of College policies, rules, and regulations:

- 1. All forms of academic dishonesty, including cheating, fabrication, facilitating academic dishonesty such as purchasing or sale of research papers, and plagiarism.
- 2. Intentional furnishing false information to the College or to a college official verbally or in writing.
- 3. Forgery, alteration, or unauthorized use of any College documents or instruments of identification.
- 4. Intention of threat of bodily harm/abuse.

The procedure for Sanctioning Process is outlined in The Source on page 42 with possible outcomes on pages 43-48.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 10 - Student Participation in Fluoroscopy Studies

According to New York State Public Health Law, part 89, "Practice beyond the scope of the practice of radiologic technology for the purpose of Section 3510 of the Public Health Law shall include, but not limited to, any use of fluoroscopes of fluoroscopy. The foregoing notwithstanding, a radiologic technologist under the immediate personal supervision of a licensed practitioner may assist the licensed practitioner in the operation of fluoroscopic equipment in the course of the performance by the licensed practitioner of a fluoroscopic examination or of a special radiographic examination which includes fluoroscopy, and a radiologic technologist may use fluoroscopy for localization purposes prior to the taking of a spot film of a mobile organ such as the gall bladder or the duodenal cap."

Therefore, students may operate fluoroscopic equipment, during a fluoroscopic examination, only under **direct supervision** of a licensed practitioner, when the need arises.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 11 - Standard Precautions/Infection Control/ and Transmission Based Precautions

The Radiologic Technology Program curriculum includes Standard Precautions as recommended by the Center of Disease Control (CDC).

The student is also educated in Infection Control policies and procedures from their specific hospital clinical site's orientation. These will be reviewed with the students prior to their first clinical experience; including the below information as well as Standard Precautions and Transmission Based Precautions during their on campus clinical orientation and subsequently during RAD 102.

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Component **Recommendations** After touching blood, body fluids, secretions, excretions, Hand hygiene contaminated items; immediately after removing gloves; between patient contacts. Personal protective equipment (PPE) For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and Gloves non-intact skin. Personal protective equipment (PPE) During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, Gown secretions, and excretions is anticipated. During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation. Personal protective equipment (PPE) During aerosol-generating procedures on patients with Mask, eye protection (goggles), face shield suspected or proven infections transmitted by respiratory aerosols wear a fit-tested N95 or higher respirator in addition to gloves, gown and face/eye protection. Students are not N95 tested and may not interact with suspected TB cases. Handle in a manner that prevents transfer of Soiled patient-care equipment microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.

Appendix A: Table 4. Recommendations for Application of Standard Precautions for the Care of All Patients in All Healthcare Settings

Component	Recommendations
Environmental control	Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.
Textiles and laundry	Handle in a manner that prevents transfer of microorganisms to others and to the environment
Needles and other sharps	Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container
Patient resuscitation	Use mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions
Patient placement	Prioritize for single-patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.
Respiratory hygiene/cough etiquette (source containment of infectious respiratory secretions in symptomatic patients, beginning at initial point of encounter e.g., triage and reception areas in emergency departments and physician offices)	Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, >3 feet if possible.

CDC GUIDELINES FOR TRANSMISSION BASED PRECAUTIONS

Contact Precautions

Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission.

- See <u>Guidelines for Isolation Precautions</u> for complete details.
- Ensure appropriate patient placement in a single patient space or room if available in acute care hospitals. In long-term and other residential settings, make room placement decisions balancing risks to other patients. In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible.
- Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.
- Limit transport and movement of patients outside of the room to medically-necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized

areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. Don clean PPE to handle the patient at the transport location.

- Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.
- **Prioritize cleaning and disinfection of the rooms** of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another patient if outpatient setting) focusing on frequently-touched surfaces and equipment in the immediate vicinity of the patient.

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

- See <u>Guidelines for Isolation Precautions</u> for complete details.
- **Source control:** put a mask on the patient.
- Ensure appropriate patient placement in a single room if possible. In *acute care hospitals*, if single rooms are not available, utilize the recommendations for alternative patient placement considerations in the Guideline for Isolation Precautions. In *long-term care* and other residential settings, make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. In *ambulatory settings*, place patients who require Droplet Precautions in an exam room or cubicle as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.
- Use personal protective equipment (PPE) appropriately. Don mask upon entry into the patient room or patient space.
- Limit transport and movement of patients outside of the room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.

Airborne Precautions

Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

- See <u>Guidelines for Isolation Precautions</u> for complete details.
- **Source control**: put a mask on the patient.
- Ensure appropriate patient placement in an airborne infection isolation room (AIIR) constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.
- **Restrict susceptible healthcare personnel from entering the room** of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.
- Use personal protective equipment (PPE) appropriately, including a fit-tested NIOSHapproved N95 or higher level respirator for healthcare personnel.

- Limit transport and movement of patients outside of the room to medically-necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
- **Immunize susceptible persons as soon as possible following unprotected contact** with vaccinepreventable infections (e.g., measles, varicella or smallpox).

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 12 – Radiation Protection

This policy is intended to properly inform the radiologic student and staff members of the various radiation safety methods and guidelines established that would limit unnecessary radiation exposure to the patient, operator, and public.

It is because of the damage that ionizing radiation can have on living cells that we understand the relevance of radiation safety guidelines as set forth by the Department of Health of New York State, Bureau of Environmental Radiation Protection and Industry Standards.

ALARA CONCEPT

"As low as is reasonably achievable" (ALARA) means making every reasonable effort to maintain exposures to radiation as far below the dose limits in these regulations as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest. *NYS/DOH part 89 and article 35 (see appendix)*

 <u>Students are never allowed to hold patients or image receptors</u> during any radiographic, or portable radiographic procedures.

Monitoring Devices

<u>All personnel/students</u> are required to wear proper radiation monitoring devices, here after to be referred to as dosimeters, at all times while using radiographic equipment or near radioactive sources.

Dosimeters and are to be used to measure occupational exposure in the lab and/or affiliate hospital. Dosimeters are to be worn at the collar level except in an instance when a lead apron is being utilized. When using a lead apron the dosimeter should be placed on the **outside** of the apron, clipped on the uniform/scrub collar.

Dosimeters are assigned to an individual and cannot be used by another person. Dosimeters must not be tampered with in any manner. Keep dosimeters away from extreme hot or cold temperatures and radiation sources when not in use. Do not leave dosimeters on lead aprons or uniforms. <u>If dosimeters are lost or damaged</u>, report to any faculty member immediately. The student is responsible for the cost of re-issue of the dosimeter (see fees in overview section). In this instance, you will not be allowed to work in the radiation area until a new dosimeter is re-issued. Students will make up lab or clinical time lost due to no dosimeter.

Exposure results will be monitored on a quarterly basis. Students and faculty are to initial radiation reports, verifying that the report has been read.

Dosimeters are replaced on a quarterly basis. When the new dosimeters arrive, each person is responsible for replacing the old dosimeter with the new. It is the sole responsibility of the student and faculty to change their own dosimeters.

Dose Limits

It is the recommendation that a student should not receive more than 120 millirems for one quarter. (120mR) A student who receives more than the 120mR for a particular quarter, will not be allowed back into the clinical experience setting until he/she can explain the possible reasons for the exposure received. The student will review Radiation Safety Guidelines with the program director and possibly the RSO.

Records of more than 120mR will be documented and kept in the students file using the student radiation exposure counseling Form (see appendix).

Students of radiography, under the age of 18, should not exceed an effective dose of 1mSv (0.1 rem) annually. (NCRP Recommendations)

Radiation Protection Precautions for Personnel

Shall follow the guise of ALARA; As Low As Reasonably Achievable Or

ORP – Optimizing Radiation Protection

I. <u>Diagnostic Area Conditions for Operating Equipment:</u>

- 1. No person shall be regularly employed to hold patients or recording devices during exposures nor shall such duty be performed by any individual occupationally exposed to radiation during the course of their other duties. When it is necessary to restrain the patient, mechanical supporting or restraining devices shall be used whenever possible. If patients or recording devices must be held by an individual, that individual shall be provided with appropriate shielding devices such as protective gloves and a protective apron of at least 0.25 mm lead equivalent. No part of the attendant's body shall be in the useful beam. The exposure of any individual used for holding patients shall be determined. Pregnant women and persons under 18 years of age shall not hold patients under any conditions. <u>Students must not hold image receptors during any radiographic procedures. Students are not allowed to hold patients.</u>
- 2. Only persons required for the radiographic procedure shall be in the radiographic room during exposure; and, except for the patient, all such persons shall be equipped with appropriate shielding devices such as protective gloves and protective apron of at least 0.25 mm lead equivalent.
- 3. Gonadal shielding of not less than 0.5 mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure.

Radiography Equipment:

- 1. The protective tube housing shall be of diagnostic type.
- 2. Collimating devices capable of restricting the useful beam to the area of clinical interest shall be used and shall provide the same degree of protection as is required of the tube housing.

- **3.** The X-ray recording devices used as the recording medium during the X-ray examination shall show substantial evidence of cut-off (beam delineation)
- **4.** The aluminum equivalent of the total filtration in the useful beam shall not be less than that shown below:

Minimum total filter (Inherent plus added)
0.5 mm aluminum
1.5 mm aluminum
2.5 mm aluminum

- 5. A device shall be provided which terminates the exposure after a preset time interval or exposure.
- 6. A dead-man type of exposure switch shall be used and so arranged that it cannot be operated outside a shielded area. Exposure switches for "spot-film" devices used in conjunction with fluoroscopic equipment are excepted from this shielding requirement.
- 7. The tube head shall remain stationary when placed in the exposure position.

Portable Conditions for Operating Equipment:

1. No person shall regularly be employed to hold patients or recording devices during exposures nor shall such duties be performed by any individual occupationally exposed to radiation during the course of their other duties. When it is necessary to restrain the patient, mechanical supporting or restraining devices shall be used. If patient or recording device must be held by and individual, that individual shall be protected with appropriate shielding devices such as protective gloves and a protective apron of at least 0.25 mm lead equivalent. No part of the attendant's body shall be in the useful beam. The exposure of any individual used for holding patients shall be monitored. Pregnant women and persons under the age of 18 years of age shall not hold patients under any conditions.

<u>Students must not hold image receptors during any radiographic or portable</u> radiographic procedures. Students are not allowed to hold patients.

2. Gonadal shielding of not less than 0.5mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure.).

Fluoroscopy Conditions for Operating Equipment:

- a. DISTANCE: <u>Maximize</u> distance, as the distance between the <u>source</u> of radiation increases, the radiation intensity decreases by the square of the distance. (Inverse square law) Example: 2 x distance =1/4 intensity
- b. **SHIELDING:** Placing shielding material between the radiation source and the technologist reduces the level of exposure. Shielding such as: protective aprons, gloves, thyroid shield, eyeglasses, and sliding drape. (Protective garments of at least 0.25 mm lead) shall be worn.
- c. **TIME:** Duration of an exposure should always be <u>minimized</u> whenever possible. The dose to the individual is directly related to the length of exposure. Example: Exposure = exposure rate x time.

It is noted that image intensification, the 5 minute reset time, and the on-off fluoroscopic foot switch all aid in reducing the length of exposure for the patient and operator.

- d. OTHER CONSIDERATIONS: Some methods used to reduce the dose received by the patient and operator with a fixed unit will also reduce the dose received by the radiographer during a fluoroscopic procedure. These include:
 - Patient restraints Radiographers should <u>never</u> stand in the primary beam to restrain a patient during a radiographic exposure. Mechanical immobilizing devices should be used to immobilize the patient.
 - Cumulative timing device (maximum of 5 min. limit)
 - Source to table distance (no less than 15 inches for fluoroscopy) The safest place to stand during fluoroscopy may be directly behind the radiologist.

Radiation Protection Guidelines for the Patient

(Per site clinical site policy)

<u>POSIBILITY OF PREGNANCY</u>

Always inquire about possibility of pregnancy **BEFORE** any x-ray exposures are taken. Follow appropriate hospital procedures and guidelines on patient pregnancy.

- <u>COLLIMATION</u>
 <u>Collimating</u> devices capable of restricting the useful beam to the area of clinical interest shall be used and shall provide the same degree of protections as is required of the tube housing.
 <u>DADIOCEDADUICEUEDATION</u>
- <u>RADIOGRAPHIC FILTRATION</u> The aluminum equivalent of the total filtration in the useful beam shall not be less than the following: Below 50 kVp minimum of 0.5 mm aluminum, 50-70 kVp minimum of 1.5 mm aluminum and above 70 kVp minimum of 2.5 mm of aluminum.

• <u>GONADAL SHIELDING</u> Gonadal shielding of not less than 0.5 mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure.

Reference: NYS/ DOH Article 35 and part 89

Practice Steps for Radiation Protection

- Read and evaluate clinical requisitions carefully.
- Give clear, concise instructions.
- Collimate the primary beam only to area desired. <u>Show visible evidence of beam restriction on</u> <u>each radiograph.</u>
- Use proper source to image distance.
- Use proper gonadal shielding when appropriate.
- Use proper immobilization devices when necessary.
- Use proper primary beam filtration.
- <u>Use proper exposure factors.</u>
- Use proper positioning and respiratory phase for each projection.

See Appendix for 6 organizations concerned with radiation protection practices; NYS/DOH-Berp, IAEA, ICRP, HPS, NRC, NCRP

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program

Policy # 13 – Voluntary Declaration of Pregnancy

Students may voluntarily submit a written declaration of pregnancy. Upon submission of such a declaration, the student must meet with the program director to determine a course of study. If possible, depending on estimated due date, accommodations may be made to ensure that the student will complete the program within 2 years.

A student may withdraw a declaration of pregnancy by submitting a written withdrawal statement to the program director.

Upon written declaration of pregnancy, the student/employee must follow these procedures:

- 1. Submit a statement from her physician verifying pregnancy and an estimated due date. The physician should make recommendations to the student/employee to either of the following options: (Please check one)
 - _____a. Immediate withdrawal from the program for health reasons or
 - _____b. Continued full-time status, including appropriate Radiation Safety precautions <u>without</u> modification
 - _____c. Continued status, including appropriate Radiation Safety precautions with modification

A student that withdraws from the program may apply for re-admission. Re-admission is dependent upon the availability of clinical space and academic standing.

- 2. If option **b** or **c** is chosen, the student/employee must utilize the following steps to assure radiation safety for both student/employee and embryo/fetus:
 - a. Consult with the program director and RSO.
 - b. Program director will review Radiation Safety Guidelines in this policy and the potential risks involving ionizing radiation to the developing embryo/fetus.
 - c. The pregnant worker will be informed of the specific exposure limits: the dose to the embryo/fetus during the entire pregnancy, due to occupational exposure should not exceed 5mSv (0.5 rem). NYS DOH article 35 part 89
 - d. Past exposure history will be reviewed and working conditions may have to be adjusted accordingly, to avoid the monthly exposure rate of .05 rem (50mrem).
 - e. Two dosimeters will be worn throughout gestation, one at uniform collar level and one under lead protective apron to monitor the embryo/fetus exposure.
 - f. Quarterly radiation log will be kept throughout the gestation period and will be reviewed with the program director.
 - g. Detailed radiation protection measures are required when participating in fluoroscopic, portable/operating room procedures. The pregnant worker is to wear 2 dosimeters. These procedures do not need to be restricted (especially after the first 18 weeks of gestation) as long as their radiation dose falls below the established limits. As always, the pregnant worker must utilize time, distance, and shielding principles.
 - h. The student may choose modification of the clinical practice under the supervision of the Program Director and clinical RSO If modification is chosen, the completion date of course requirements may be extended. Students choosing modification may have delayed graduation dates.

Student Signature_____Date_____

Note: The department will work hand in hand with the specific affiliate hospital's RSO (Radiation Safety Officer) where the pregnant worker is assigned.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 14 - Freshman Level of Supervision/Direct Supervision

Fulton-Montgomery Community College Radiologic Technology Program recognizes the Joint Review Committee on Education in Radiologic Technology (JRCERT) standards for this aspect of clinical experience. The standard is as follows:

Direct Supervision

<u>Standards for an Accredited Educational Program in Radiologic Sciences</u>, direct supervision is defined as a licensed radiographer/clinical instructor actually present for the total radiographic procedures at the specific exposure site. Until a student achieves and documents competency in a given procedure, all clinical assignments shall be carried out under direct supervision of qualified radiographers. The parameters of direct supervision are:

- 1. The qualified radiographer reviews the request for examinations in relation to the student's achievement or ability to perform this exam;
- 2. The qualified radiographer evaluates the condition of the patient in relation to the student's achievement;
- 3. A qualified radiographer is physically present during the conduct of the examination; and
- 4. The qualified radiographer reviews and approves the radiographs.

NOTE: Unsatisfactory radiographs shall be repeated only under the direct supervision of a qualified radiographer, regardless of the student's level of competency.

Students are always performing under direct supervision in the operating room, see policy # 5.

Indirect Supervision

In accordance with the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences, indirect supervision is defined as that supervision provided by a qualified radiographer (and/or clinical instructor) immediately available to assist students regardless of the level of student achievement.

Until a student achieves and documents competency in a given procedure, all clinical assignments shall be carried out under direct supervision of qualified radiographers.

The clinical instructor or faculty is present at the affiliate to review the request for examination, evaluate patient condition, assign patients to students, assist students and evaluate radiographs with the student.

NOTE: Unsatisfactory radiographs shall be repeated only under the direct supervision of a qualified radiographer, regardless of the student's level of competency.

Students who have achieved competency may perform portable radiography under the guidelines of indirect supervision, see policy #5.

Violations of this policy are to be immediately turned in to the program director. Student violations will be receive a unacceptable practice act and possibly a clinical probation contract. <u>Multiple violations will removal from the program.</u>

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 15 - Review of Policies, and the Program Notebook.

All Radiologic Technology Program Policies will be updated as needed.

All Radiologic Technology Program Policies, will be reviewed and updated as needed on a yearly basis.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 16 - Division/Clinical Instructor/Advisory Board Meetings/Assessment Committee Meetings

Division meetings are regularly scheduled during the academic year. If possible a Radiologic Technology student representative is invited to attend. Discussions as follows:

- 1. Feedback for continuous improvement of policies, procedures, and educational offerings.
- 2. Faculty needs/concerns
- 3. Student concerns.
- 4. Student progress, Didactic and Clinical settings.
- 5. Other

The Radiologic Technology Department and faculty meets regularly during the semester.

Clinical Meetings

Will be held annually and any time changes are made that affect the clinical experience curriculum.

Advisory Board

The Advisory Board will be made up of one Radiologist, Department Directors and/or Managers, from each affiliated facility, Program Director, faculty and possibly a student or graduate representative from the Radiologic Technology Program. Additional members may be added, ad hoc. Advisory Board meetings will be held annually, and will review the program Mission, Assessment, and Program Effectiveness Goals. Advisors will recommend policies and changes that will enhance the Radiologic Technology Program at FMCC.

Assessment Committee

The Assessment Committee will be made up of the Dean of Academic Affairs, Program Director, faculty members from FMCC, student/ graduate representatives as well as Industry representatives and radiologic staff technologists. The Assessment Committee will meet annually to review assessment.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 17 - Student Records and Documentation

Student Records are confidential and reviewed consistently. Records will be reviewed with students at scheduled intervals, or as needed. Student records are confidential.

Students are responsible for accurate documentation through Trajecsys of their time records, log sheets, and ensuring up to date information of their skills summary page, and timely submission of evaluations by clinical staff.

If documentation is not maintained and created by the student during given due dates, clinical grades may be affected including an incomplete grade or unsatisfactory.

Program faculty will abide by the Family Education Rights and Privacy Act (FERPA) as outlined in *The Source* Appendix B on page 34.

The Source Student Handbook:

https://fmcc.edu/images/pages/student-experience/The%20Source%20-%20Student%20Handbook.pdf

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 18 - Admissions/ Re-admission to the Program

Admission

For application to Fulton-Montgomery Community College contact the Admissions Office for full details or visit the college's website at www.fmcc.edu.

Students interested in the Radiologic Technology Program are required to submit a supplemental application once the Admissions Office receives the initial college application. Deadlines for application for admission to the radiologic technology program will be at a date published on the website.

Felony Conviction/Disciplinary Dismissal- see College Catalog and Policy # 2 of the Radiologic Technology Program.

Because clinical experience facilities are limited, admission to the Radiologic Technology Program must also be limited, and is, therefore, competitive. Refer to Radiologic Technology Program Selection Criteria and process located on the website or contact the office of admissions.

Applicants must also provide documentation of a current American Heart Association (AHA) Basic Life Support (BLS)/ CPR Certification and a completed health form prior to the beginning of the first semester. If this documentation is not received, applicants will be withdrawn and an alternate applicant will be selected.

For prerequisites needed for this program refer to the radiologic technology portion of the FMCC website at the following link: <u>https://fmcc.edu/images/Downloads/Radiologic%20Technology%20Admission%20%20Application%20R equirements.pdf</u>

Selection criteria is outlined on the above website.

The Radiologic Technology Program adheres to non-discriminatory practices.

<u>Re-admission</u>

Readmission to the radiologic technology program is not automatic or guaranteed. A student's readmission status will be determined by approval of the Program Director of the Radiologic Technology program in collaboration with the Dean of Academic Affairs. A student dismissed from the radiologic technology program for disciplinary reasons will be ineligible for readmission into the radiologic technology program.

In addition to the admission application process required by the college, a student seeking readmission due to academic or clinical <u>failure must submit a written request to the Director of the Radiologic</u> Technology program specifically identifying factors that will improve performance and enhance <u>success</u>.

A student who withdrew from the program for reasons other than failure must submit a request for readmission to the Associate Dean of Enrollment Management indicating the semester he/she wishes to re-enter.

A readmitted student may be required to repeat clinical competency examinations, clinical courses at the discretion of the clinical coordinator and/or Program Director. Students re-entering the program may be required to repeat prior Radiologic Technology specific core courses despite a previous passing grade in order to be prepared for the ARRT Radiography Registry Exam and exhibit safe clinical practices.

Any student granted approval to be readmitted to the program may do so <u>one time</u> and will be given priority on a space available basis. If there are more requests for admission than space available, the following criteria will be used for evaluation:

- Previous academic performance
- Previous clinical performance
- Personal recommendation from faculty

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #19 – Workplace Safety

Radiologic Technology students shall complete a clinical site specific orientation reviewing workplace safety. In addition freshmen students will attend an on campus orientation re-iterating workplace safety habits.

Right to Know Information for Students

As a student in a health care facility, there is potential for exposure to hazardous materials and communicable disease. It is believed that these exposures can be controlled through proper educational offerings, the provision of information, and the use of personal protective equipment. The purpose of this policy is to enhance student awareness of these potential exposures and to assist in recognizing resources to limit exposure.

Potential Exposures – What they are?

There will be a number of sources for exposure to hazardous situations in your daily work. Depending on the department, some of these potential exposures vary, while others are universal within the hospital. For example, maintenance workers may be exposed to solvents and their vapors that are used exclusively within the department: this is a department specific. On the other hand, if a maintenance worker is called to a patient room to fix a sink, he or she may be exposed to a communicable disease and may need to use protective equipment such as a mask and gloves. Another example is the nurse who is very accustomed to dealing with blood-borne pathogens and the protective equipment for protection against exposure. He or she may also, however, be exposed to vapors or spills of housekeeping chemicals that are routinely used on the nursing units by the housekeeping staff. As a student in a health care facility, you may also be exposed to be planned for and controlled. The widely accepted way of dealing with these issues is the central posting of any chemicals, coupled with readily accessible SDS (Safety Data Sheets) and training for all employees on Standard Precautions.

Written Hazard Communication Program

Employers who use hazardous chemicals must develop a written hazard communication program, describing how provisions of the HCS (Hazard Communication Standards) are met. The following items must be included:

- 1. Location of this written communication program, which must be readily available to employees.
- 2. The accessible location of the hazardous chemical and all SDS sheets.
- 3. Explanation of the labeling system used.
- 4. Explanation of hazard warnings.
- 5. How to use SDS sheets.
- 6. Methods used to inform employees of new chemicals, including hazards of routine and non-routine tasks. (This is left to the individual manager who will keep all employees current with all new products.)
- 7. Monitoring programs.
- 8. Protective measures for employees (personal safety equipment, emergency procedures, area operating practices).
- 9. Methods used to inform contractor about possible hazards.

Labels and Other Forms of Warning

Each container of chemicals in the workplace must be labeled and marked with the following:

- 1. Name or identity of the product. This must correspond with the SDS.
- 2. Hazard warning stating the main health risks from over-exposure.
- 3. Name and address of the manufacturer or other responsible party.

Labels alert you to special handling and precautions that should be used when working with the chemicals. Users must ensure that each container of chemicals in the workplace is labeled. Labels must be written in English. The labels serve as an immediate warning. They are reminders that information that is more detailed is available elsewhere. Symbols, pictures and/or words may be used on labels to present their message. Product labels usually contain signal words indicating severity of the hazard.



Employee Information and Training

The Hazard Communication Standard requires employers to provide their employees with information and training as follows.

- 1. At the time of the initial hiring.
- 2. Whenever a new hazard is introduced into the work area, or
- 3. Whenever they are reassigned to a work area where different chemicals are used.

The training shall consist of:

- 1. Ways to detect or observe the presence of hazardous chemicals.
- 2. Physical and health hazards in the chemicals in the work area.
- 3. Protective and preventive procedures that employees can use when working with hazardous chemicals. The explanation must specify the details of the labeling system used, how to read and understand the SDS forms, and how to obtain and use appropriate hazards information.
- 4. How to recognize employee exposure to a hazard and what to do in case of exposure. *Department managers should keep a record of when this training is given to the employee.

Many hospitals use so many chemicals that no one can be expected to remember all their names and how to use them. For that reason, chemicals are categorized into groups. Each chemical group has

similar characteristics. Some common categories of chemicals include adhesives, solvents, compressed gases, corrosives, lubricants, and metals. When handling any hazardous chemical, you will need to know the following:

- 1. <u>Routes of entry into the body</u>. Chemicals can enter the body via three typical routes.
 - a. <u>Breathing</u> or through inhalation of hazardous materials. These particles are usually very small and in the form of dusts, fumes or vapors.
 - b. <u>Skin and eye contact</u> Some substances may only affect the skin's surface, typically in the form of a rash. Others are absorbed into the body through the skin. This is sometimes called "dermal abrasion." Open wounds of any kind are extremely susceptible to become affected upon contact with a hazardous material.
 - c. <u>Ingestion</u> anything taken into the body through the mouth is called ingestion. You can easily swallow small particles of dust and powder if they fall, for example, onto your hands or food.
- 2. <u>Effects of overexposure</u>. You should be aware of possible health hazards and the degree of severity of being overexposed. Labels and MSDS's will tell you the possible hazards associated with the chemical.
- 3. <u>First Aid Procedures</u>. Report to the supervisor. Treatment is available in the Emergency Room.
- 4. <u>Flammability hazard ratings and fire-fighting techniques</u>. Your supervisor will explain the flammability rating system used in your work area. He/she will also be able to explain the proper emergency response procedures to follow in case there is a fire.
- 5. <u>Reactivity ratings</u>. You should know which chemicals you work with are stable or unstable at high temperatures and pressures. The SDS and/or labels will have this information.
- 6. <u>Safe use instructions</u>. You need to be informed of the safety procedures to use when handling hazardous chemicals. This training will be provided at the work area by the department supervisor. The MSDS also contains information regarding safety precautions.
- 7. <u>Personal protective equipment</u>. You will be given information about the appropriate personal protective equipment and its proper use for each hazardous chemical you handle or are exposed to. Typical equipment you might need to use includes goggles, masks with face shields, gloves, aprons, gowns, etc. The MSDS should provide the information you will need to determine safe work practices to use handling any materials. ALWAYS CHECK TO BE SURE YOU ARE PROPERLY PROTECTED.

Hazard Recognition

A hazard is defined as a source of danger. All chemicals can be dangerous. However, if we learn to recognize the danger signals, we can reduce or eliminate the hazards connected with them. Recognizing chemicals can be difficult because sometimes they can be seen and other times they can't. Chemicals can be solids, liquids or gases.

<u>Solids</u> can be large or small pieces of compact matter. Fumes, smoke and dust are three forms of solids that have such tiny particles that sometimes they cannot be seen. These three forms of solids are often found in manufacturing facilities.

Liquids can typically be poured. Water, oil, and liquid gas are examples. Liquids can be converted into a mist that is still technically a liquid, but is hard to see under certain circumstances.

<u>Gases</u> are chemicals that are in gaseous form. Gases often cannot be seen, smelled or felt, such as carbon monoxide that can be fatal with sufficient exposure. They are typically used as part of a

manufacturing process and special precautions must be followed when handling them. MRI units run on cryogenic gases that are fatal if inhaled.

There are two basic kinds of chemical hazards.

- 1. Health Hazards
 - a. <u>Carcinogens</u> chemicals that cause cancer.
 - b. <u>Corrosives</u> Chemicals that cause visible destruction of living tissues.
 - c. Toxic and highly toxic chemicals.
 - d. <u>Irritants</u> Chemicals that are not corrosive, but cause a reversible inflammatory effect on living tissue.
 - e. <u>Sensitizers</u> Chemicals that cause allergic reaction after repeated exposure.
- 2. Physical Hazards
 - a. <u>Combustible liquids</u>
 - b. <u>Compressive gases</u>
 - c. <u>Explosives</u>
 - d. Chemicals that are flammable
 - e. <u>Organic peroxides</u>
 - f. <u>Reactive chemicals</u>

How Do You Know If You Are Being Exposed?

Your five senses of sight, smell, touch, taste, and hearing can help you detect potential hazards, but you cannot rely on your senses. For example, you cannot see, touch, taste, or feel carbon monoxide, but it is still a dangerous chemical. Your past work experience and training programs may help you to recognize potential hazards.

Some clues to watch for are:

- 1. Gauges and meters that are not functioning normally. If they show high or low readings, you may want to check for potential hazards.
- 2. If you seem to be using too much/too little of a chemical or if the chemical is being consumed faster/slower than normal.
- 3. The procedures used do not seem to be yielding a typical reaction.
- 4. Levels of consciousness are not normal.

Any changes from what is normal and routine could mean there is something wrong. Everyone working in the facility should share the responsibility of preventing safety hazards. Everyone should work as a team to detect possible hazards and correct them before they become problems. Employees/students should immediately inform their supervisor if they suspect they are being exposed to a chemical hazard.

How Hazards Can Be Controlled.

You can help keep hazards to a minimum. Likewise, your employer can sometimes take actions that will reduce or eliminate hazards in the workplace. The following things can be done to control or reduce potential hazards.

- 1. <u>Elimination</u> If hazardous chemicals aren't needed, they should be removed from the work area.
- 2. <u>Substitution</u> Determine whether a less hazardous material can be used.
- 3. <u>Changing the process</u> Instead of working directly with hazardous materials, the procedures can often be altered to keep contact to a minimum. Walls or partitions can often be used as physical barriers, helping to separate employees from hazardous materials. Changing the ventilation system can also help reduce exposure.
- 4. <u>Job Changes</u> Under certain circumstances, it may be beneficial to change people's jobs so that only one or a few are exposed to or required to handle hazardous materials.

5. <u>Purchasing</u> – Only order what is needed of a hazardous item, and if it is not needed, don't order it at all.

Employee/Students Responsibilities

Employers are required for providing employees/students with information and training related to chemical hazards in the workplace. In turn, employees/students are responsible for:

- 1. Understanding the information provided about hazardous materials.
- 2. Using safe work practices.
- 3. Keeping work areas uncluttered and free of debris.
- 4. Not smoking, eating or drinking in areas where chemical materials could accidentally be ingested as a result of contact with food or tobacco.
- 5. Keeping hazardous materials off themselves and their clothes by practicing good personal hygiene.
- 6. Properly using the right equipment for the right job. Personal protective equipment such as goggles, gloves, etc. are sometimes necessary.
- 7. Immediately notifying their supervisor is they suspect exposure to a chemical hazard.
- 8. Seek medical treatment. *An incident report will be filled out for both tracking and prevention purposes.

Standard Precautions

Each hospital has policies and guidelines outlining infection control procedures and use of standard precautions. The main idea of these precautions is to limit any exposure to disease. These policies are readily available to employees and students. Ask your supervisor for the location of the policy manual in the institution where you are assigned.

Safety Data Sheets

Each hospital unit and department maintains a register of hazardous materials and associated materials safety data sheets. The sheets give information such as environmental impact, chemical content, volatility, combustibility, emergency treatment in case of exposure, instructions using the equipment. The employee/student has the right to receive training for the safe operation of all equipment. Safety is important for both the patient and the employee/student. An employee/student who feels that they have not been given adequate training in the use of equipment/devices that they are required to use should notify their supervisor to arrange for the training.

OSHA

The Occupational Safety and Health Administration is a federal agency that works for safety in the workplace. Of importance to the employee are OSHA's rulings that have led to THE RIGHT TO KNOW PRACTICES. The employee/student has the right to know the hazards to which they may be exposed, how to limit exposure to such hazards, instruction on the use of protective equipment, as well as policies, procedures, standards, or practice guidelines that affect the employee/student in the work area. If the employee feels that they are subject to a hazard and have not received proper training, it is the employee's responsibility to contact the supervisor. On the other hand, the employer is required to assess the potential hazards of the workplace on a regular basis, provide notice of potential exposures, offer training for safety purposes, and keep registers and MSDS sheets for chemicals (etc.) current. Employees/students who do not feel that their employer is fulfilling its' responsibility for safety should bring this to the employer's attention. As a last resort, after reasonable attempts to resolve safety issues in the workplace, the employee does have the right to report their concern to OSHA.

Non-Routine Tasks

Occasionally an employee performs a non-routine task. An example might be a housekeeper who usually cleans the hospital lobby being asked to clean the Operating Room after surgery. It is essential

that the employee being asked to do non-routine tasks have training and resources available PRIOR to the performance of the task. Information essential for safety and limiting exposure to hazards will NOT be omitted for non-routine tasks.

Hazardous Waste Management

The hospital has a very complete plan for the disposal of both hazardous and non-hazardous waste, including paper, biological waste, chemicals, etc. This plan is available in the department and should be reviewed with all new employees/students.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #20 – Competency Evaluations, & Final Competency/Exit Day

COMPETENCY EVALUATIONS:

Performs = (proficiencies...see below for explanation)

Clinical competency is achieved through the student observing, assisting and performing radiographic imaging exams prior to competency testing. The students must have documented proficiencies, (performed radiographic examinations) prior to competency testing and evaluation. Students may perform as many radiographic exams as they feel necessary before taking their competency test; however <u>3 performs/proficiencies</u> are recommended for each radiographic procedure prior to a student attempting a competency evaluation. In limited circumstances, program faculty may suggest a student achieve competency on a low volume exam when the opportunity arises with only 1 proficiency. These proficiencies are tracked through Trajecsys and link with the student's skill summary page. *In Trajecsys proficiency will be referred to as Performed.* Once the student logs the radiographic procedure that was conducted, it is automatically tracked and categorized on the skill summary page as follows:

- 1 Observed (Limited student interaction with the patient).
- 3 Assisted (Student is actively participating in a radiographic examination with a technologist).
- 5 Performed (Student is performing the entire examination by themselves under direct supervision of a technologist).

When the student is ready to perform a Proficiency, they are to communicate with the technologist that is supervising them for the exam that they would like to gain proficiency in that exam. The first Proficiency exam may require limited assistance or input from the technologist. The second and third Proficiency attempts are to be performed as independently as possible by the student. Performed/proficiencies should be tracked also on the student master checklist located in the appendix.

Competency Evaluations:

Clinical faculty or clinical staff radiographers with over a year of experience, may evaluate competency testing. New graduates may evaluate competency testing after *6 months* of clinical training only if they are the sole technologist present at the time of a competency exam being completed by a student. All **competencies listed on the Master Checklist with a grade of 85 or better, must be successfully completed in RAD 221.** If the student has not successfully completed all the required competencies and clinical requirements, a grade of "I" or "U" will be recorded on the transcript at the discretion of the faculty. Students receiving an 'I' or "U" as a clinical grade will not graduate from the program in May. The student may be offered a remediation program for clinical competency at the discretion of the Program Director. Students participating in final clinical remediation must successfully complete all required competencies/clinical requirements in order for a change of grade to an 'S' for RAD 221 to be submitted.

<u>**Competency Failure:**</u> Failure on a competency test will require that a student begin the proficiency evaluation cycle again with faculty supervision. <u>A failing grade of less than 85 will be documented as</u> "Unapproved" and will be retained in Trajecsys. The score that is earned will be averaged with all the other competency tests completed for that clinical semester. Furthermore, failed competency paperwork will be completed and filed into the student's e-file for documentation purposes. See failed competency paperwork in the appendix.

See clinical syllabi for more detailed semester information for RAD 120, RAD 121, RAD 122, RAD 220, RAD 221.

FINAL COMPETENCY:

(See final competency evaluation paperwork in appendix)

Students will be given a final competency in the second semester of their sophomore year (RAD 221), after mid-terms. This competency will determine if the student is qualified for clinical experience to sit for the boards.

The competency will focus on 9 different procedures:

- 1. Trauma examination
- 2. Portable examination
- 3. Extremity examination
- 4. Chest examination
- 5. Spine examination
- 6. Fluoroscopy examination
- 7. Low volume examination
- 8. Multiple examinations
- 9. Pediatric exam (children under age 6)

A grade of B+ (85) or better is required to pass the Final Competency.

- Students must successfully perform radiographic examinations in a minimum of 5 above categories.
- A repeat rate for the entire day will be a maximum of 15%.

All mandatory and elective competencies must be completed before this Final Competency can be taken. See ARRT content specifications in appendices. Automatic failures for mandatory and elective competencies will be adhered to for the Final Competency.

If the Final Competency is failed, for any reason stated, the student may take another Final Competency within a month's time or as scheduled by the Program Director. If the time element is not within the last day of classes, or if the student fails a second time, the student will be given an 'Incomplete' clinical grade and remediation will be arranged.

A student who does not meet the requirements of remediation or fails a second final competency will be dismissed from the program regardless of academic standing. Dismissed student may consider reapplication, see policy # 18 to outline process.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #21 – Fitness for Duty Policy

In order to provide a safe environment for patients, faculty and students, FMCC Radiologic Technology Program prohibits the use of illegal drugs as well as the abuse of legal drugs, including alcoholic beverages, non-prescribed controlled substances and prescription or over-the-counter drugs. Students must self-evaluate their own physical condition with relation to illness. <u>Regardless of the setting</u>, <u>students must report to all class experiences in a fit condition physically and mentally</u>.

When a faculty member or clinical staff has reason to believe that a student is under the influence of chemical intoxicants, is impaired by this or any physical or emotional basis, and/or is unable to perform duties he/she will validate observations with another appropriate faculty member or facility supervisor. Every effort will be made to respect the confidentiality of the person in question. Observations noted that indicate intoxication and/or impairment may include, but are not limited to:

- a. inappropriate physical appearance
- b. altered speech
- c. uneven gait
- d. uncommon changes in behavior
- e. lack of judgment
- f. decrease performance
- g. smell of alcoholic beverage on breath
- h. inappropriate actions
- i. chronic absenteeism or patterns of absence/tardiness
- j. accidents during class or clinical lab
- k. impaired memory or attention

Upon determining possible impairment, the faculty member, or facility supervisor, will:

- 1. Gather and document data on behaviors.
- 2. If the student demonstrates impaired behaviors, the faculty will relieve the student of class or clinical related activities.
- 3. Based on the faculty/supervisor's assessment, the student may be requested to leave the class or clinical lab site. The student and faculty/supervisor will make arrangements for safe transportation.
- 4. Refer the student to the Dean of Academic Affairs, VP of Student Affairs and other resources, such as counseling, as appropriate, where policies governing student conduct will be followed.
- 5. A meeting will be conducted between the program director, clinical coordinator, appropriate administrative college personnel to determine disciplinary action if necessary including possible dismissal from the program, UPA, clinical probation, etc.

Any cost incurred related to any incident will be the students' responsibility. All incidents will remain confidential and will be confined to a "need to know" basis, if a student refuses to comply with this policy of FMCC's Radiologic Technology Program, the student may be administratively removed from the program.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #22 - On Campus Radiology Laboratory Safety Policy for Fixed and Mobile Equipment

Location:

Fulton-Montgomery Community College has a fixed, fully energized radiographic unit consisting of a control panel, upright bucky and table bucky. This unit is located in the basement of the O'Connell Hall classroom building and is identified as C005. The lab also houses portable radiographic equipment.

Forward:

This data is to promote safe and correct use of the x-ray laboratory. These rules and procedures are to be strictly followed by all faculty and students. The laboratory facility is here to facilitate instruction and/or research and shall be used only for these purposes. Lab practice is essential to meet clinical experience expertise and will aid in the passing of mandatory clinical competencies. Lab experience is a required portion of the program. The radiology laboratory contains a Shimadzu fully energized x-ray tube, table bucky, upright Bucky, control panel as well as portable radiography units, digital DR and CR image receptors, a CR image reader, anatomical mannequins/phantoms, and various medical imaging accessories. In addition, the radiology laboratory is equipped with desks, chairs, and computer equipment.

Rules & Procedures:

- 1. The door to the laboratory is to remain locked at all times, except during scheduled utilization.
- 2. Exposures are not to be made with any person either in the laboratory room, or without checking for personnel in the area.
- 3. All students and faculty will wear dosimeters during all energized lab sessions.
- 4. Keep the door between the laboratory and the hallway closed during all energized exposures.
- 5. Students must undergo laboratory training procedures before laboratory practice/exposures may be initiated.**
- 6. Do not remove anything from this lab facility.
- 7. Put all accessories, positioning aids, linens, and other resources away in their proper place when you have finished utilizing them.
- 8. No food or beverages are to be taken into the laboratory area which is in the back of the room.
- 9. Students are absolutely forbidden to make radiographic exposures on human subjects (including themselves) in the laboratory. To do so violates departmental policy and state regulations, and will result in immediate dismissal from the program. Students may perform simulated examinations without actual x-ray exposure, on each other in the laboratory area with faculty permission. Anatomical phantoms only, will be used for radiographic exposures.
- 10. All accidents, no matter how minor, must be reported to the supervising faculty member immediately, and the use of the equipment discontinued until the problem is corrected.
- 11. No holding of radiographic phantoms or image receptors during exposure. <u>All persons must fit</u> completely behind the protective barrier during any exposure with the fixed unit. All persons using mobile equipment may only do so in the lab environment and must obey the principles of <u>ALARA including appropriate personnel shielding.</u>
- 12. During energized exposures, only people essential to performance of the exam should remain in the laboratory. For the purpose of observation, only those persons who fit completely behind the barrier are permitted to remain in the laboratory during exposures.
- 13. <u>No one besides a matriculated Radiologic Technology student is allowed in the laboratory area.</u> Practice sessions are allowed under the supervision of program faculty. Please see the instructor directly to set up a time.

- 14. No exposures will be made which exceed the recommended tube capacity.
- 15. All equipment will be maintained in good working condition and will be stored in an orderly fashion. The x-ray tube will be stored directly over the table when not in use.
- 16. Periodic quality monitoring tests will be performed to ensure accuracy of the equipment.
- 17. The lab will be currently registered with the NYS/DOH.
- 18. Students may not enter/leave the radiology lab while the exterior "X-ray in Use" sign is illuminated.
- 19. Violations of rules and procedures, or unauthorized use of laboratory facilities will result in disciplinary action and/or possible dismissal from the program.
- **Training of Radiologic Technology Students Prior to Radiography Lab Utilization**
- 1. Students shall be taught basics in radiation protection including personnel and patient shielding. The concept of ALARA, and the use of time, distance, and shielding will be explained.
- 2. Students shall be given dosimeters with explanation of quarterly reports and how to care for the dosimeter. Student radiation doses shall not exceed 120 millirem/quarter.
- 3. Students shall be informed of the special circumstances surrounding pregnant radiographers.
- 4. Students shall be taught how to turn on radiographic unit including warm up procedures.
- 5. Students will spend 2 laboratory sessions prior to taking exposures, becoming familiar with x-ray tube locks, table movements, table and vertical Bucky movements. During these sessions, students will be given an overview of the control booth and taught how to operate the control panel and monitor.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #23 - Student Right to Submit Program Grievances To JRCERT

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure.

The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT at:

20 N. Wacker Drive Suite 2850 Chicago, IL 60606-3182 Phone: (312) 704-5300 E-mail: mail@jrcert.org

JRCERT Website:

www.jrcert.org

<u>FMCC Website Link to JRCERT:</u> https://fmcc.edu/healthcare/radiologic-technology-aas#

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #24 - Sexual Harassment and Title IX

PURPOSE:

It is the policy of Fulton-Montgomery Community College (hereinafter referred to as FMCC or "College") to provide and maintain the work/learning environment and the College Community free from unlawful discrimination based on sex (with or without sexual conduct), race, color, religion, sexual orientation, national origin, age, disability and any other class protected by law (collectively referred to as "discriminatory harassment" or "harassment"). Harassment based on these characteristics is a form of unlawful discrimination and is prohibited in each and every instance in both the work environment and the College Community.

All students in the program will receive Title IX training during their clinical orientation.

DEFINITIONS:

A. <u>Sexual Harassment</u> is defined as:

Unwelcome sexual advances, request for sexual favors, and other <u>verbal or</u> <u>physical</u> conduct of a sexual nature when:

- 1. Submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment or education (e.g., promotion, training, assignments, etc.);
- 2. Submission to or rejection of such conduct by an individual is used as a basis for employment or educational decisions affecting such individual; or
- 3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or educational performance <u>or</u> creating an intimidating, hostile, or offensive working/learning environment.

<u>Examples</u> of specific behaviors that may be considered sexual harassment include, but are not limited to:

Spoken or written words related to an employee's sex

Any sexual advance that is unwelcome

Sexually oriented comments

Showing or displaying pornographic or sexually explicit objects or pictures in the workplace

Offensive touching, patting or pinching

Requests for sexual acts or favors

Abusing the dignity of an employee or student through insulting or degrading sexual remarks or conduct

Threats, demands or suggestions that an employee's or student's work or educational status is contingent upon her/his toleration of or acquiescence to sexual advances

Subtle pressure for sexual activities

Leering at a person

Commenting about a person's physical appearance in an insulting or degrading manner

Sexual harassment is gender neutral and may involve members of the same or different gender. Sexual harassment is not exclusive to just a male sexually harassing a female. Within the context of a hostile environment, the victim does not have to be the person to who unwelcome sexual contact is being directed. He/she may be someone who is affected by such conduct when it is directed toward another person.

Sexual Orientation:

Sexual Orientation is a protected class under New York law as a result of the enactment of SONDA, the Sexual Orientation Non-Discrimination Act, effective January 2003. Sexual orientation is defined as heterosexual, homosexual, asexual or bisexual, whether actual or perceived.

Individuals and conduct covered by policy is defined as:

All members of the College Community. The College Community is defined as faculty, administrators, clerical, maintenance, Trustees, students and community members engaged in College sponsored programs or activities. In addition to the College Community, this policy applies to all applicants of FMCC and prohibits harassment, discrimination and retaliation engaged in by any member of the College Community, whether it is a fellow employee, a supervisor, manager, faculty member, student, member of the administration or by someone not directly connected to FMCC, including but not limited to an outside vendor, consultant or citizen.

Conduct prohibited by these policies is unacceptable in the College Community, in any Collegerelated setting outside the Campus environment, such as during educational training, business trips, business meetings, and business-related social events, or any FMCC sponsored event off campus.

Off-campus violations, including online behavior that affect a clear and distinct interest of the College are subject to disciplinary sanctions. For example, sexual violence by a student is within the College's interests when the behavior:

- 1. Involves conduct directed at an FMCC student or other member of the College community;
- 2. Occurs during FMCC sponsored events (e.g., fieldtrips, social or educational functions, College -related travel, student recruitment activities, internships, and service learning experiences);
- 3. Occurs during the events of organizations affiliated with the College, including the events of student organizations;
- 4. Occurs during a Study Abroad program or other international travel; or
- 5. Poses a disruption or threat to the College community
- 6. The effects of the violence are such that they create a hostile environment within the College community

Reporting

Provide information: At the first instance of disclosure by a reporting individual to ANY College employee, the following information shall be presented to the reporting individual:

"You have the right to make a report to FMCC Public Safety, local law enforcement, and/or State Police or choose not to report; to report the incident to Fulton-Montgomery Community College; to be protected by FMCC from retaliation for reporting an incident; and to receive assistance and resources from the College"

Students that have reported sexual violence should then be directed to the the Title IX Coordinator and the full policy located in The Source, Appendix H – Policy on Sexual Misconduct Prevention and Response:

The Source Student Handbook:

https://fmcc.edu/images/pages/student-experience/The%20Source%20-%20Student%20Handbook.pdf

<u>Title IX Coordinator Information:</u>

Arlene Spencer Acting Dean for Student Affairs Chief Student Affairs Officer



Please refer to above policy for specific investigative procedures, confidentiality, making or withdrawing a complaint.

All program faculty are mandated to report any complaints of this nature immediately to the Title IX Coordinator. Students will be read the above statement and given a copy of the full policy.

After consulting the Title IX Coordinator the Program Director will inform the student of their options for returning to clinical and what changes will be necessary. For example (transferal to a new site if space allows or exchanging with another student).

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy # 25 – Formal Complaint Procedure

Harassment: FMCC considers discriminatory harassment to be a form of misconduct and considers this type of misconduct to be a serious offense which will not be tolerated by any member of the College Community. Allegations of discriminatory harassment will be investigated thoroughly and if substantiated, will be met with appropriate corrective and/or disciplinary action commensurate with the seriousness of the offense(s). For College employees, disciplinary action will be in accordance with the parameters of applicable collective bargaining agreements and/or state law.

Other unlawful harassment is defined as:

Harassment on the basis of any other protected characteristic is also prohibited. Under this policy, prohibited harassment is verbal or physical conduct that is offensive to or shows hostility or aversion toward an individual because of their race, color, religion, national origin, age, disability or marital status, and that: (i) has the purpose or effect of creating an intimidating, hostile or offensive work or learning environment; (ii) has the purpose or effect of unreasonably interfering with an individual's work or educational performance; or (iii) otherwise adversely affects an individual's employment/educational opportunities.

Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes and display or circulation in the workplace (including through e-mail) of written or graphic material that denigrates or shows hostility or aversion toward an individual or group, based on an individual's protected class. Within the context of a hostile environment, the victim does not have to be the person to whom unwelcome contact is being directed. He/she may be someone who is affected by such conduct when it is directed toward another person.

- <u>The following complaint procedure will be followed to address concerns regarding</u> <u>discrimination, prohibited harassment, including programmatic documentation of reported</u> <u>sexual harassment.</u>
 - 1. Any student or associated member of the College Community who feels they have experienced conduct that is **contrary to this policy are encouraged to tell the wrongdoer that their conduct is offensive and unwelcome and ask that the offensive conduct stop immediately.** If the associate does not feel comfortable confronting the wrongdoer or confronting the wrongdoer does not end the offensive conduct, the student or member should immediately inform their Clinical Instructor, Clinical Preceptor, or the FMCC Radiologic Technology Clinical Coordinator, recounting specific actions or occurrences whenever possible.
 - Any student or associated member of the College Community who is aware of behavior that violates this policy is expected to promptly report it <u>within 10 days of the incidence</u> to their Clinical Instructor, Clinical Preceptor, or the FMCC Radiologic Technology Clinical Coordinator.
 - 3. Any Clinical Instructor, Clinical Preceptor, or the FMCC Radiologic Technology Clinical Coordinator who becomes aware of a potential violation of this policy (through observation of through a report) should immediately notify the Radiologic Technology Program Director, within 5 days.

4. When the Program Director becomes aware of an alleged violation of this policy s/he will promptly initiate a thorough and objective investigation that may include individual interviews with the parties involved and, where necessary with individuals who may have observed the alleged conduct or may have other relevant knowledge. The Program Director will ask the student if they are initiating a formal complaint and if so they will be required to submit their initial complaint in writing.

At this time the Program Director and Clinical Coordinator will conduct a formal interview with the student.

- 5. Typically students should receive a reply <u>within 10 days following the investigation</u>. This will be communicated in writing and in person. The student will be notified of the possible action plan.
- 6. The Program Director will conclude the investigation and generate a report of his or her findings and submit a copy to the Dean of Academic Affairs, and other appropriate administrative parties including if necessary Title IX coordinator.
- 7. If it is determined that the policy has been violated, the Program Director with other administrative staff (as may be appropriate) will recommend appropriate disciplinary action. A decision will be made concerning what action will be taken.
- 8. If the investigation is inclusive or it is determined that there has been not violation of this policy but some potentially problematic conduct is revealed, preventative action may be taken.
- 9. Thereafter, the Program Director and the Clinical Coordinator, will meet with the complainant and the respondent separately and notify them of the findings of the investigation and what, if any, action will be taken.
- 10. Confidentiality will be maintained as much as possible throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.
- 11. If complainant is unhappy with the result they may pursue the process outlined in *The Source*, Appendix A Procedure to File a Complaint on pages 33-34.

Informal Complaints

Radiologic Technology students are encouraged to offer suggestions for programmatic improvement for both the didactic and clinical setting. Students should offer suggestions in writing and email them to the Program Director or Clinical Coordinator. Students may also use evaluations to express their suggestions. In addition students may discuss complaints or suggestions with their class representative who attends Division meetings.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #26 – Confidentiality and HIPAA

Privacy & Confidentiality Definitions according to the CDC

- **Privacy** refers to the right of an individual to keep his or her health information private.
- **Confidentiality** refers to the duty of anyone entrusted with health information to keep that information private.

Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule seeks to protect individually identifiable health information from uses and disclosures that may unnecessarily compromise a person's privacy. The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities, but balances that protection with permitting the disclosure of personal health information needed for patient care and other important purposes.

All students will protect and safeguard confidential, sensitive, proprietary information, and protected health information in a manner designed to prevent the unauthorized disclosure of such information, in accordance with HIPAA law.

Students will receive HIPAA training during their orientation. Students will also sign a confidentiality agreement (see appendix). Here is an excerpt from the ASRT:



Any student violating HIPAA or confidentiality will receive a UPA, possible clinical probation contract, and if clinical site requests dismissal from the program. Students may also be subject to HIPAA law see as below:



FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #27 - Social Media and Electronic Device Use

Refer to the ARRT Code of Ethics and the rules of ethics for more information (see appendix).

Social media are defined as "web-based and mobile platforms for user generated content that create interactive and highly accessible, and often public dialogues."

Radiologic Technology students have an ethical and legal responsibility to understand the personal and professional ramifications of the use of social media and to uphold standards of conduct as delineated in this policy.

Electronic devices such as cellular devices, I-pads, kindles, all such devices are prohibited from being carried on "your" person at the clinical site. **Clinical Preceptors and instructors may grant an exception per their discretion.** Devices may be stored in a locker or bag and accessed during a break or lunch. This is to **minimize distraction during clinical hours**.

Violation of this policy will result in a UPA; continued violations will result in a clinical probation contract and possible dismissal from the program.

Violation of this policy will result in a minimum of a UPA up to possible dismissal from the program. Students could be turned into the ARRT for an ethics violation and be subject to disciplinary actions from the clinical site including removal from the site and ultimately the program.

The radiology school faculty recognizes the value of social media in education and healthcare. However, inappropriate use of social media that violates the privacy and confidentiality of individuals including patients and their families, peers, faculty, and staff, may be cause for dismissal from the program and may lead to civil lawsuits and/or federal penalties under Health Insurance Portability and Accountability Act (HIPAA).

Students have a legal and ethical obligation to maintain patient confidentiality, and privacy at all times.

Students are strictly prohibited from transmitting by way of electronic media any patient related image anonymized or not. After investigation if it is discovered a student violated this policy; he or she will be sanctioned as stated above.

• Students are not to refer to patients in a disparaging manner in any form of communication, even if the patient is not identified.

- Students are not to identify patients by name or post or publish information that may lead to identification of a patient (including initials, nicknames, first names or any other identifier). Privacy settings do not ensure privacy.
- Students are not permitted to take photographs or videos on personal devices including cell phones in the clinical area. If the students wish to take a "selfie"; they may do so with the permission of their Clinical Preceptor at the end or beginning of their clinical day; not while on the "clinical clock". The picture may not contain any person other than the students or instructor if permission granted. The picture may not contain any radiographic image.
- Students are not to share, post or otherwise distribute any information, including images about a patient or information gained in the student-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Students are not permitted to take photographs or videotape professors or fellow students for personal or social media in academic settings without the express permission of the faculty member or student.
- Students have a legal and ethical obligation to maintain the reputation of their clinical sites including all staff or other students within. Students are not allowed to post on social media regarding their clinical site, unless they have the permission of the Imaging Department to post a message of appreciation, gratitude, or kind non-clinical sentiment.
- Communication deemed as libel or slander is against the ARRT Code of Ethics and will result in sanctions as listed above in this policy.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program **Policy #28 – MRI Safety**

From the JRCERT Standards Five:

Standard 5-Objective 5.3

The program assures that students employ proper safety practices.

Interpretation:

Programs must establish a Magnetic Resonance Imaging (MRI) safety screening protocol and students must complete MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. This assures that students are appropriately screened for magnetic field or radiofrequency hazards. Programs must describe how they prepare students for magnetic resonance safe practices and provide a copy of the screening protocol, if applicable (See MRI Quiz & MRI Safety Screening Form in Appendices).

Students enrolled in the FMCC Radiologic Technology program shall not rotate through the Magnetic Resonance Imaging Department until they have been educated in MRI safety and have been screened with documentation as safe to do so.

Students will have a lecture from a MRI technologist during their clinical orientation discussing accepted safety practices. Students will complete a quiz and fill out a screening form at the end of the lecture. See MVO Screening form and MRI Safety quiz in the appendices section.

Students will rotate through Mohawk Valley Orthopedics for the MRI specialty modality rotation where they will be screened by the staff MRI technologists prior to entering the appropriate zones.

Students should communicate to program faculty and MRI technologist any history or changes that could be considered radiofrequency hazards.

Students may assist radiologic technologists with the transport of patients to various parts of the imaging department to include MRI: however, students who do not meet the programs screening safety criteria for MRI exams will not be permitted beyond zone III of the MRI department.

Foreign bodies and implants can cause harm to the individual or others when within the influence of the MRI magnetic field. Under the influence of the MRI magnetic field, internal foreign bodies or implants may move or heat, causing organ damage to surrounding tissue. Additionally, depending upon the type of implant, the implant may malfunction or stop working completely, such as medication pumps or pacemakers that are not MRI safe.

External foreign bodies carried into zone 4 (MRI suite) may be attracted to the magnetic field at a high velocity and injure the individual or anyone in the path of the objects trajectory. Examples of foreign bodies/ implants that may harm the individual (this is not a comprehensive list):

PACE Makers	Stents	Penile implants
Insulin pumps	Heart valves	Ocular implants
Neurostimulators	Aneurysm clips	Prostheses
Mechanical devices	Coils	Shrapnel of metal
Shunts	Filters	Bullets and pellets

Examples of objects that can harm the individual or others (this is not a comprehensive list):

Oxygen tank	Pin
IV pool	Scissors
Keys	Stethoscope
Lighter	Wheelchair
Cell phone	Anything attracted to a magnet

MRI Suite: ACR Safety Zones What are the ACR Safety Zones?



Four areas (I – IV) in scanner environment with increasing magnetic field exposure

The American College of Radiology has defined four safety zones within MRI facilities. These are denoted Zones I through IV and correspond to levels of increasing magnetic field exposure (and hence potential safety concern).

Zone I

All areas freely accessible to the general public without supervision. Magnetic fringe fields in this area are less than 5 Gauss (0.5 mT).

Zone II

Still a public area, but the interface between unregulated Zone I and the strictly controlled Zones III and IV. MR safety screening typically occurs here under technologist supervision.

Zone III

An area near the magnet room where the fringe, gradient, or RF magnetic fields are sufficiently strong to present a physical hazard to unscreened patients and personnel.

Zone IV

Synonymous with the MR magnet room itself. Has the highest field (and greatest risk) and from which all ferromagnetic objects must be excluded.

FULTON-MONTGOMERY COMMUNITY COLLEGE Radiologic Technology Program Policy #29 – Radiologic Technologist Scope of Practice

Radiographer Scope of Practice listed below as defined in The Practice Standards published by the ASRT

(see appendix for full document)

The scope of practice of the medical imaging and radiation therapy professional includes:

- ✓ Providing optimal patient care.
- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- ✓ Corroborating a patient's clinical history with procedure and ensuring information is documented and available for use by a licensed practitioner.
- ✓ Verifying informed consent for applicable procedures.
- ✓ Assuming responsibility for patient needs during procedures.
- ✓ Preparing patients for procedures.
- ✓ Applying principles of ALARA to minimize exposure to patient, self and others.
- ✓ Performing venipuncture as prescribed by a licensed practitioner.
- ✓ Starting, maintaining and/or removing intravenous access as prescribed by a licensed practitioner.
- ✓ Identifying, preparing and/or administering medications as prescribed by a licensed practitioner.
- ✓ Evaluating images for technical quality, ensuring proper identification is recorded.
- ✓ Identifying and responding to emergency situations.
- ✓ Providing education.
- \checkmark Educating and monitoring students and other health care providers.
- ✓ Performing ongoing quality assurance activities.
- ✓ Applying the principles of patient safety during all aspects of patient care.

Technologists should be familiar with their particular state's license laws and regulations. For example in NYS

(see NYS/DOH-BERP Article 35 and part 89 in appendix)

Here is an excerpt from NYS criteria for misconduct:

See also the ARRT Rules for Ethics (located in the appendix)

- aiding and abetting in the practice of radiologic technology a person who is not a registered radiologic technologist or who is practicing a form of radiologic technology which is beyond the scope of the individual's license;
- engaging in any practice beyond the scope of the practice of radiologic technology or beyond the scope of the individual's license as defined in this article;
- falsely impersonating a duly registered radiologic technologist or former duly registered radiologic technologist, or is practicing radiologic technology under an assumed name;
- unethical conduct as defined by rules promulgated by the commissioner;
- failure to obtain a certificate of registration as required by section thirty-five hundred seven of this article;
- applying radiation to a human being when not under the necessary supervision of a duly licensed practitioner as defined in this article, or to any person or part of the human body other than those specified in the law under which such practitioner is licensed;
- expressing to a member of the public an interpretation of medical test results;
- using the prefix "Dr.", the word "doctor" or any suffix or affix to indicate or imply that the licensee is a duly licensed practitioner as defined in this article when not so licensed; or
- incompetence or negligence.

Students should take particular note of the highlighted items. Students may not apply ionizing radiation to any person without strictly adhering to the JRCERT standards regarding clinical supervision.

Students are never allowed to interpret, diagnose, or communicate radiographic imaging results to anyone. This could also be a HIPAA violation dependent on the circumstance. (For example, communicating a chest x-ray result to your cousin)

Student's operating beyond their defined scope of practice will be turned into the ARRT for an ethics violation, possibly placed on a clinical probation contract, and evaluated for program dismissal.